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ABSTRACT

Gestalt therapy respects parents' perceptions of their children and does not attempt to train parents to become therapists for their children. To examine the impact of Gestalt group psychotherapy on parents' perceptions of children identified as problematic, an experimental group of 10 parents participated in 10 2-hour Gestalt sessions. A group of eight parents served as the self-selected control group. The Little Parental Valuing Styles Scale was used to evaluate parent attitudes and behaviors before and after the treatment sessions. No significant differences between treatment and control groups were obtained on pre-tests. Parents who participated in Gestalt therapy were significantly less rejecting, over-protective, over-indulgent, and extrinsically valuing and significantly more intrinsically accepting of their children when pretest-posttest scores were evaluated. No similar changes were observed for control parents. The results upheld the finding that identification of children as problematic was symptomatic of families experiencing problems with finances, work, or support systems. (JAC)

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# The Impact of Gestalt Group Psychotherapy on Parents' Perceptions of Children Identified as Problematic

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## Abstract

The purpose of this study was to assess the impact of Gestalt group psychotherapy on parents' perceptions of children identified as problematic. Eighteen parents who approached a local Family Service Agency volunteered to participate in this study. Of these parents, 10 participated in 10 two-hour sessions of Gestalt group psychotherapy and eight became the self-select control group. All parents were administered the Little Parental Valuing Styles Scale (LPVSS) pre and post treatment of the experimental group. No significant differences ($p > .05$) between the two groups of parents were obtained on LPVSS pretests. Parents who participated in Gestalt group psychotherapy were reportedly significantly ($p < .05$) less rejecting, overprotective, overindulgent, and extrinsic valuing, and significantly more intrinsic accepting of their children when their pretest-posttest change scores were evaluated. No similar changes were observed with LPVSS scores of control group parents. Gestalt group parents and control group parents differed significantly ($p < .05$) when pretest-posttest difference scores on the LPVSS were compared. Characteristics and goals of Gestalt therapy were presented.

# The Impact of Gestalt Group Psychotherapy on Parents' Perceptions of Children Identified as Problematic

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The work described in this article was conducted at the Family Counseling Service in Lexington, Kentucky, while the author was part-time staff at that agency and conducting research for her doctoral dissertation.

Portions of this paper are to be presented at the American Educational Research Association Annual Meeting - New York, March 19, 1982.

The author wishes to thank Dr. Robert Harman who verified (via weekly audio tapes) that the therapy conducted in this study was recognizable and distinguishable as Gestalt Therapy. Dr. Harman has practiced Gestalt therapy for 10 years.

# The Impact of Gestalt Group Psychotherapy on Parents' Perceptions of Children Identified as Problematic

When parents seek psychological intervention for "problem children" typical therapeutic interventions identify the parents as causal, downplay the contributions of the children, and teach parents discipline techniques to improve children's behaviors (Doherty & Ryter, 1980; Holmes, Barnhart, Cantoni & Reymer, 1975; Karoly & Rosenthal, 1977; Wilcox, 1979; Wiltz, 1973). Outcome studies on current intervention modes (e.g. family therapy, behavior modification training for parents, Parent Effectiveness Training, parents' discussion groups) suggest that they are ambiguous at best in reported changes of parental attitudes, behaviors and/or children's attitudes and behaviors. Many outcome studies exist where significant changes on dimensions targeted for study were not reported as a result of participation in an intervention strategy (Anchor & Thomason, 1977; Eyberg & Johnson, 1974; Frazier & Matthes, 1975; Karoly & Rosenthal, 1977; Meredith & Benninga, 1980; Patterson & Maerov, 1978; Tavormina, 1974).

Gestalt group psychotherapy with parents as clients was the intervention proposed in this study as the treatment of

choice for parents who identify children as problematic. A group format was chosen to provide parental support and vicarious learning experiences. Gestalt therapy was chosen because, contrary to the trend in parent-child therapies, a Gestalt therapy approach does not attempt to teach parents to become therapists of their own children. Parents' perceptions of their children are respected. Therapy consists of exploration with the parents of changes they wish to make so that both they and their children can live their lives more fully.

Gestalt therapy is a phenomenological helping approach based on existential foundations (Yontef, 1969). Pioneered by Frederick S. Perls (1969), Gestalt therapy attempts to alter client behaviors by altering present awarenesses. Perls (1969) saw the human organism as fragmented; aware of only parts of itself, nonaccepting and denying some of its parts, and needing to accept itself as an integrated whole.

Gestalt therapy has seven major goals (Harman, 1974): (a) awareness of the self (what one is doing, thinking, feeling, wanting, and sensing in the present), (b) the integration of opposites that exist within the person (e.g. the desire to be loving toward one's child when also feeling angry and dis-

tant), (c) responsibility for the self (as opposed to projecting unwanted feelings or parts of the self onto an identified child), (d) maturity in terms of responsibility for self-caring, (e) authenticity (which involves the willingness to be direct in asking for what one wants so that individual needs may be met), (f) self-regulation, and (g) behavior change which results via the accomplishment of the above goals.

No articles were found in the literature in which Gestalt therapy theory and techniques were specifically applied to parents who experienced problematic relationships with their children. Support for therapy in group settings was well documented in Gestalt therapy literature (Carstens, 1976; Foulds, Wright & Guinan, 1970; Kimball & Gilso, 1974; Nicholes, 1973; Reddy, 1973). However, most of the research was conducted on intensive group therapeutic work that took the forms of weekend or week-long marathons. Such marathons would be impractical for parents who are employed and committed to child care. Hence, the importance of a study like the current one whose purpose was to assess the impact of an on-going Gestalt therapy group on parents' perceptions of children identified as problematic, was established.

Because of the nature and seriousness of the presenting

problem, no attempt was made to establish a true experimental design. A high attrition rate for this population or parents was expected in therapy (Anchor & Thomason, 1977), and thus a self-select control group was expected to occur.

The self-select control group quasi-experimental design used in this study differs from a true experimental design in that randomization of subjects was not possible (Huck, Cormier & Bounds, 1974). Campbell and Stanley (1963) reported that nonrandom assignment to groups could effectively be controlled if recruiting procedures for groups were similar and if scores on the pretests were similar. The threat to the internal validity of the study without randomization is real, but error was reported as usually being in the direction of showing no significant effects when they did exist rather than showing false positives.

The Little Parental Valuing Styles Scale (LPVSS) (Little, Note 1; Little & Thompson, Note 2) was used to obtain pretest-posttest measures of parental rejection, ignoring, overprotectiveness, overindulgence, extrinsic valuing and intrinsic valuing from participants in the study. Participants included an experimental group (parents who agreed to participate in 10

two-hour sessions of Gestalt group psychotherapy) and a self-select control group (parents who agreed to participate in the experimental group and who did not follow-through). The specific hypotheses were concerned with: (a) initial differences on the LPVSS of experimental and control group subjects, and (b) changes on the LPVSS that occurred over comparable period of time for those who did participate in the experimental group and those who chose not to do so.

## Method

### Subjects

Parental labeling of children as problematic was the criterion established for participation in this study. Eighteen parents who approached a local Family Service Agency for intervention with children between the ages of three and 10 volunteered to participate. In initial screening interviews, each parent was offered a variety of therapeutic interventions (e.g. family therapy, child therapy), was screened for likelihood of candidacy in therapy conducted in a group format (Yalom, 1975), was instructed of the availability of free child care during therapy sessions, and was instructed how to complete the LPVSS. Based on the order in which they contacted the

agency, parents were assigned to one of two Gestalt groups.

Subjects who agreed to participate in this study but who did not attend the first two group sessions were contacted, were offered other forms of therapy which were refused, and then were invited to participate as control group members. Participants in the self-select control group were paid a small gratuity ($5.00) for completing the LPVSS at comparable times as participants in the experimental group.

There were eight female parents and two male parents in the experimental group (mean age of 28.50 years with a standard deviation of 4.25) and five females and three males in the control group (mean age of 28.00 years with a standard deviation of 3.60). Parents in the experimental group identified eight children (four males and four females) as problematic (mean age of 7.20 years with a standard deviation of 2.32) while parents in the control group identified six children (five females and one male) as problematic (mean age of 7.63 years with a standard deviation of 2.10). Educational levels of parents ranged from 10 to 14 years (mean for experimental group was 12.20; mean for control group was 11.50). Three couples participated in the experimental group; one couple

participated in the control group.

Instrumentation

The Little Parental Valuing Styles Scale (LPVSS) was developed by this researcher in 1975 (Little, Note 1; Little & Thompson, Note 2) for use as a diagnostic instrument in the evaluation of parental attitudes and behaviors expressed toward children who were labeled "behavioral disordered." The instrument was designed to measure expressed attitudes and behaviors that were identified in the related writings as clustering into distinctive "parenting styles." Subscales exist on the LPVSS that assess rejection (negative attitudes and behaviors), ignoring (a lack of expression from the parents), overprotectiveness, overindulgence, extrinsic valuing (valuing for the needs of the parents), and intrinsic (acceptance) valuing. The first five of the above styles were indicated in studies as characteristic styles of parents who abuse and/or neglect their children, label their children as problematic, or participate in dysfunctional parent-child relationships (Adler, 1963; Ausubel, 1953; Ausubel & Sullivan, 1970; Avery, 1975; Burgess & Conger, 1974; Helfer, 1975; Lukianowicz, 1972; Rutter, 1979). The intrinsic subscale measures attitudes and behaviors of parents character-

ized in functional parent child relationships (Baumrind, 1977; Perdue, Horowitz, & Hern, 1977; Zahn-Waxler, Radke-Yarrow & King, 1979).

The six subscales contain 52 statements about the child. Parental responses are recorded on a six-point Likert Scale. Response choices range from "I strongly disagree with this statement about my child," to "I strongly agree with this statement." Twenty-two demographic questions that have been positively correlated with incidences of child abuse and neglect are also a part of the LPVSS as is the criterion variable, "I think my child is a behavior problem." Two previous studies using the LPVSS (Little, Note 1; Little & Thompson, Note 2) provided support for the reliability (internal consistency estimates for the individual subscales ranged from .50 to .79) and the validity of the instrument.

Testing Procedures

In initial screening interviews, subjects were given copies of the LPVSS. Sample items were read and response choices were reviewed. Subjects were instructed to complete the LPVSS in private without consultation with other family members. Parents in the Gestalt groups returned the LPVSS at the first group meeting. Control group subjects returned their

via mail.

Procedures for Experimental Group

The goals of Gestalt therapy were discussed in initial interviews and again in the first group meeting. In the initial meeting of both Gestalt groups the therapist then stated something to the effect of, "I'm willing to work. Who is interested?" Eventually a client in each group expressed that others in the group were not known well enough for work to begin. The therapist then asked the client to restate the observation in the form of an "I want..." statement (e.g. "I want to know more about the other persons; who they are and why they are here before I share myself.") Thus work began with clients taking responsibility for who would work and on what problem they would work.

Subsequent meetings were begun by making rounds of the group members to determine who (and how many) brought issues they wished to share, explore or work on with the group. Efforts were made by the therapist to bring the client's work into the present and to involve group members whenever possible (e.g. "Teach some of us here how to make ourselves miserable when our children are unhappy with us. Start with _____ and tell her one thing she can do to feel miserable.").

When a client completed working, the other group members were encouraged to share their own awarenesses. The therapist at this point often made observations of other group members (e.g. "I noticed you were crying when _____ worked on her relationship with her dad.") Involvement in one client's work often spurred positive contact among group members and the working of other clients on related issues.

Group meetings were ended by asking each member to look at each of the other group members individually. This was requested to aid clients in determining whether they had "unfinished business" that might be carried home with them as well as to teach them the importance of closing Gestalts. Due to the small sizes of the groups, there were few, if any, occasions when one who wished to work did not have the time and opportunity to do so.

## Results

A one-factor multivariate analysis of variance was used to assess differences on LPVSS pretests for the experimental and control groups (Table 1). Analysis revealed that parents in the control group did not differ significantly ($p > .05$) from parents in the experimental group on LPVSS pretests. Since no significant differences were found between parents

cipants in the control group. A one-factor multivariate analysis of variance was used to test this hypothesis. The hypothesis was directional so an appropriate critical region ($p < .05$) was set. The multivariate $F$ statistic for equality of mean vectors was found to be significant ($F = 3.49$, $p < .02$) Refer to Table 3. Univariate $F$s that contributed most to the significance of the multivariate $F$ occurred on the Extrinsic Valuing ($F = 22.75$, $p < .0002$), Intrinsic ($F = 4.04$, $p < .03$), and Rejection ($F = 3.45$, $p < .04$) subscales.

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Table 3 about here

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## Discussion

Helfer (1975) described the components of the "world of abnormal rearing" as: (a) parental valuing children in terms of the parents' needs rather than the children's needs (extrinsic valuing), (b) parental rejection of children when parents' needs were not met, and (c) inability of parents to value children (intrinsically) as unique individuals. Changes on the LPVSS which distinguished participants in Gestalt therapy groups from control group participants were primarily on the Extrinsic, Rejection, and Intrinsic subscales. Results from this study

who participated in the two Gestalt groups on LPVSS pretests, they were combined for further analyses to increase the power of the statistical tests.

Table 1 about here

Table 2 presents means, standard deviations and t-test difference scores on LPVSS pretests and posttests for experimental and control groups. Parents who participated in 10 two-hour sessions of Gestalt group psychotherapy showed significant changes on five of the six LPVSS subscales ($p < .05$). Significant changes occurred on the Rejection subscale ($p < .01$), the Overprotection subscale ($p < .05$), the Overindulgent subscale ($p < .01$), the Extrinsic Valuing subscale ($p < .01$), and the Intrinsic subscale ($p < .01$). No similar changes were found with LPVSS scores of the control group.

Table 2 about here

It was hypothesized that parents in the experimental groups would improve significantly as indicated by a comparison of their pretest-posttest difference scores with those of parti-

would suggest that Gestalt therapy is effective in altering the multigenerational cycle of abnormal rearing.

A large body of literature suggested that identification of children as problematic was symptomatic of families experiencing a variety of problems (e.g. Burgess & Conger, 1978; Friedrich & Boriskin, 1976; McNeil and McBride, 1979; Rutter, 1979). This finding was upheld by participants in the experimental group of this study. All participants expressed concern about finances. Several were unhappy and unfulfilled in their work environments. None were professionally trained, nor received professional wages. Three people were single parents who lacked support from their ex-spouses in the care and financing of their chidlren. Instances of spouse abuse were reported by two of the couples. Participants lacked environmental support systems and reported contact with community agencies as being negative in nature.

In this study, Gestalt group psychotherapy proved effective as a therapeutic approach with multi-problem families. After completion of posttest data for this study, nine persons in the experimental groups continued therapy. Therapeutic contact was maintained with all but two participants (who terminated with therapist's approval) for a minimum of six

months after completion of this study.

Similar studies that evaluate the impact of Gestalt group psychotherapy might consider providing more control than did the quasi-experimental design of this study. Replication studies might contain larger number of participants so that statistical power is not lost. A possible means of accomplishing these goals would be to provide two forms of therapy to a minimum of four groups (10 persons in each group) of parents. Contrasts could be made between the two forms of therapy to estimate whether they differ in their impact on parental perceptions of children. Author's note: The LPVSS, Unpublished Test, 1976, is available from the author.

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Table 1

Summary of Multivariate Analysis of Variance on LPVSS

Pretest Scores for Experimental and Control Group Subjects

| | Tests of Significance | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | Multivariate | | Univariate Fs | | | | | |
| Source of variation | df | F | RE* | IG | OP | OI | EXT | INT |
| Constant | 1 | | | | | | | |
| Group | 2 | 0.67 | 3.07 | 0.12 | 0.19 | 1.59 | 0.20 | 0.44 |
| | | | Univariate mean squares | | | | | |
| Among means | 1 | | | | | | | |
| Within groups | 16 | | 44.17 | 36.58 | 28.13 | 24.87 | 38.21 | 86.25 |

N = 18

NS.

*RE = Rejection, IG = Ignoring, OP = Overprotection, OI = Overindulgent, EXT = Extrinsic Valuing, INT = Intrinsic Valuing Subscales.

Table 2

Pre/Post Difference t-Tests on the LPVSS for Experimental and Control Group Subjects

| | Experimental Groups [a] | | | | | Control Group | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Pretests | | Posttests | | Difference t-Tests | Pretests | | Posttests | | Difference t-Tests |
| Subscale | $\bar{X}$ | SD | $\bar{X}$ | SD | | $\bar{X}$ | SD | $\bar{X}$ | SD | |
| RE | 18.00 | 4.37 | 11.40 | 6.35 | 3.94** | 26.87 | 8.49 | 27.62 | 8.08 | -0.19 |
| IG | 10.90 | 6.98 | 10.70 | 6.05 | 0.12 | 10.62 | 4.10 | 9.50 | 3.66 | 0.58 |
| OP | 11.90 | 5.13 | 8.00 | 4.92 | 2.62* | 13.25 | 5.18 | 11.62 | 4.30 | 1.66 |
| OI | 15.00 | 5.20 | 11.80 | 3.46 | 3.24** | 11.75 | 4.30 | 11.13 | 4.35 | 0.42 |
| EXT | 29.80 | 6.40 | 20.60 | 3.85 | 5.71** | 29.37 | 5.53 | 31.12 | 5.93 | -1.10 |
| INT | 28.30 | 8.96 | 34.10 | 6.62 | -3.07** | 24.40 | 9.10 | 22.37 | 10.64 | 0.55 |

[a] N = 10 for experimental groups and 8 for control group

* $p < .05$
** $p < .01$

Table 3

Summary of Multivariate Analysis of Variance on LPVSS t-Test Difference Scores for Experimental and Control Group Subjects

| | | Tests of significance | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | | Multivariate | Univariate Fs | | | | | |
| Source of variation | df | F | RE | IG | OP | OI | EXT | INT |
| Constant | 1 | | | | | | | |
| Group | 1 | 3.49* | 3.45* | 0.13 | 1.46 | 2.21 | 22.73* | 4.04* |
| | | | Univariate mean squares | | | | | |
| Among means | 1 | | | | | | | |
| Within groups | 17 | | 69.49 | 28.28 | 15.80 | 13.34 | 23.44 | 66.85 |

N = 18.

*p < .05



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